Mentally Ill Offender Crime Reduction Grant Program

Annual Legislative Report
June 2002

California Board of Corrections

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MENTALLY ILL OFFENDER

CRIME REDUCTION

GRANT PROGRAM

ANNUAL LEGISLATIVE REPORT
JUNE 2002

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EXECUTIVE SUMMARY

The State of California has made a significant investment in local efforts to determine the most effective interventions for reducing crime, jail crowding and criminal justice costs associated with mentally ill offenders. The catalyst for this investment was the growing recognition that jails have become the treatment facilities of last (or first) resort for an increasing number of mentally ill persons, many of whom get caught in a cycle of re-offending that experts attribute to inadequate mental health treatment and social support services.

In response, the Legislature passed SB 1485, which created the Mentally Ill Offender Crime Reduction Grant Program (Chapter 501, Statutes of 1998). Co-sponsored by the California State Sheriffs Association and the Mental Health Association of California, SB 1485 directed the Board of Corrections (Board) to award grants supporting the implementation and assessment of multi-agency demonstration projects designed to curb recidivism among mentally ill offenders.

SB 1485 also directed the Board to evaluate the overall effectiveness of these projects and report its findings annually to the Legislature (Penal Code Section 6045.8). This is the third report on the Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program.

The Legislature has provided $104 million to the MIOCRG Program, which involves 30 projects in 26 counties. SB 2108 (Chapter 502, Statutes of 1998) and the 1999/00 State Budget Act fund 15 grants that began in July 1999 (MIOCRG I). Grants for the other 15 projects (MIOCRG II) resulted from an augmentation in the 2000/01 State Budget Act and began in July 2001.

The MIOCRG projects offer enhanced services addressing in-custody and/or post-custody needs identified by counties during a comprehensive local planning process required by SB 1485 and discussed in Chapter One of this report, which provides an overview of the requirements and administration of the MIOCRG Program.

To evaluate the effectiveness of these projects, Board staff has developed a multi-faced research design that includes analyses to:

- Determine differences in outcomes between those receiving enhanced treatment versus treatment-as-usual.

- Identify which interventions are having the most significant impact on outcomes.

Data reported by MIOCRG I counties indicate that 2,911 individuals were enrolled in the projects through December 2001, with slightly over half receiving enhanced services. While more data and analyses are needed to draw conclusions about the impact of the MIOCRG Program, the early results are promising.

- A significantly higher percentage of the enhanced treatment group had no involvement with the criminal justice system compared to the treatment-as-usual group.

- The average number of jail bookings and the average number of days spent in jail were both significantly lower for the enhanced treatment group.

- There were significant differences in favor of the enhanced treatment group in the self-reported substance abuse problems.

- Clients in the enhanced treatment group are much more economically self-sufficient than persons in the treatment-as-usual group.

- Several interventions are contributing to positive criminal justice outcomes for the enhanced treatment group, including the amount of counseling clients receive and the amount of contact with probation staff.

Chapter Three of this report discusses these and other preliminary findings related to outcomes and interventions, as well as additional analyses that will be included in the Board's evaluation of the MIOCRG Program.

In time, this statewide research, coupled with local evaluation findings, should greatly enhance understanding about "what works" in helping persons with a serious mental illness avoid further involvement in the criminal justice system.

CHAPTER ONE: PROGRAM OVERVIEW

In 1998 the California State Sheriffs Association and the Mental Health Association of California co-sponsored SB 1485 – an initiative aimed at reducing the number of mentally ill persons moving through a "revolving door" between the local criminal justice system and the community due largely to inadequate and/or inconsistent mental health treatment and support services (SB 501, Statutes of 1998). This measure established the Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program and directed the Board of Corrections (Board) to administer its provisions and evaluate its impact (see Appendix A).

Collaborative Planning Process

In developing the framework for the MIOCRG Program, the Legislature recognized that local law enforcement, corrections, mental health agencies and other community-based service providers must work together in addressing the challenges posed by mentally ill offenders. The Legislature also recognized that the diverse populations, resources and needs in California's counties preclude a "one size fits all" approach to curbing recidivism among offenders who are mentally ill. For these reasons, SB 1485 required that projects be collaborative and that they address locally identified gaps in jail and community-based services for persons with a serious mental illness.

Specifically, to be eligible for a demonstration grant, SB 1485 required counties to form a Strategy Committee that was responsible for developing a local plan describing the county's existing responses to mentally ill offenders, identifying service gaps, and outlining strategies for achieving a cost-effective continuum of graduated responses for this population.

At a minimum, members of the Strategy Committee had to include the sheriff/director of corrections; the chief probation officer and representatives of other local law enforcement agencies; a superior court judge; the county's mental health director; a consumer of mental health services; and one or more representatives of organizations serving the mentally ill population.

The Facts Behind the MIOCRG Program

The context within which California's sheriffs, mental health professionals and policymakers crafted and supported the MIOCRG Program includes compelling facts about mental illness.

- The U.S. Surgeon General estimates that over a million Americans suffer a serious mental illness.
- Schizophrenia, major depression, bipolar disorder and other mental illnesses are brain disorders that may result in hallucinations, impaired judgment, and criminal behavior.
- Suicide kills more people with mental illness than any other cause.
- The National Institute for Mental Health (NIMH) estimates that 82 percent of inmates with lifetime histories of mental disorder also had a substance abuse disorder.
- It is estimated that between 7 and 15 percent of jail inmates suffer severe mental illness.
- According to the Pacific Research Institute, California's annual jail and probation costs for mentally ill offenders exceed $300 million.
- The NIMH reports a 60 percent success rate for treating schizophrenia with medications and other therapies, and an 80-90 percent success rate for treating bipolar disorder.
- Research has identified continuity of care as an essential component of effective mental health treatment for mentally ill persons who are involved in the criminal justice system.
- Continuity of care includes multidisciplinary case management for psychiatric treatment and social services (e.g., housing, food, help with disability benefits, vocational training).

To help support this local planning process, the Legislature earmarked a portion of the 1998 MIOCRG appropriation for planning grants. In December 1998, the Board awarded planning grants totaling over $1.2 million to all applicants (45 counties). Many counties, including several that did not receive funds for a demonstration project, reported that they benefited immensely from this local planning process, which enabled them to identify strategies for helping mentally ill offenders successfully reintegrate into the community and establish ongoing collaboration among the myriad of agencies that interface with these individuals.

Competitive Demonstration Grants

SB 1485 stipulated that demonstration grants be awarded on a competitive basis and required the Board to consider, at a minimum, the following criteria:

- percentage of the jail population with severe mental illness;
- demonstrated ability to administer the type of program proposed by the county and to provide treatment and stability for persons with severe mental illness;
- demonstrated history of maximizing federal, state, local and private funding sources; and
- likelihood that the program would continue after state funding ends.

To ensure that the Request for Proposal (RFP) process was equitable and valid, the Board established an Executive Steering Committee (ESC) comprised of state and local corrections and mental health officials to make recommendations on the RFP requirements, evaluation criteria, and screening procedures.

The ESC for this first competitive grant process (see Appendix B) determined that the following evaluation criteria should also be used: need for the program; probability of success; research design; proposal quality; and oral presentation.

The Board approved these recommendations and received 40 project proposals requesting a total of nearly $114 million. In May 1999, following an extensive review and priority ranking of proposals by the ESC, the Board awarded four-year grants to the following counties: Humboldt, Kern, Orange, Sacramento, San Bernardino, Santa Barbara, and Santa Cruz.

The 1999/00 State Budget Act allocated an additional $27 million to the MIOCRG Program and directed the Board to award most of these funds according to the prioritized rankings from the recently completed competitive process. The Budget also capped grants at $5 million and specified that Los Angeles and San Francisco Counties would each receive $5 million for projects targeting mentally ill offenders likely to be committed to prison. In addition to these two "high risk models," the 1999/00 allocation and remaining 1998/99 funds resulted in grants to six more counties: Placer, Riverside, San Diego, San Mateo, Sonoma and Stanislaus.[1]

MIOCRG I	
COUNTIES	**GRANT AWARD**
Humboldt	$2,268,986
Kern	$3,098,768
Los Angeles	$5,000,000
Orange	$5,034,317
Placer	$2,139,862
Riverside	$3,016,673
Sacramento	$4,719,320
San Bernardino	$2,477,557
San Diego	$5,000,000
San Francisco	$5,000,000
San Mateo	$2,137,584
Santa Barbara	$3,548,398
Santa Cruz	$1,765,012
Sonoma	$3,704,473
Stanislaus	$1,713,490
TOTAL	**$50,624,440**

Recognizing the widespread need for additional resources directed to mentally ill offenders, the Legislature included a $50 million augmentation for the MIOCRG Program in the 2000/01 State Budget.

[1] Given the time-consuming nature of project start-up activities (see Chapter Two) and the desire to ensure sufficient data to evaluate projects, the California State Sheriffs Association secured legislative approval of a one-year extension of the MIOCRG I grants.

The Board again appointed an ESC (see Appendix C) to develop recommendations on the distribution of planning grants, substantive and procedural requirements for the competitive RFP process, and demonstration grant awards. The ESC recommended minor changes to the RFP process, all of which the Board adopted, and in September 2000, the Board awarded nearly $1 million in planning grants to the 25 counties requesting funds.

The Board received 23 proposals and, in May 2001, awarded demonstration grants to the following counties: Alameda, Butte, Kern, Los Angeles, Marin, Mendocino, Monterey, San Bernardino, San Francisco, San Joaquin, Santa Clara, Solano, Tuolumne, Ventura and Yolo. The grants for this second group of counties, which the Board refers to as MIOCRG II, began in July 2001 and are slated to end in June 2004.

MIOCRG II	
COUNTIES	**GRANT AWARD**
Alameda	$5,000,000
Butte	$2,877,498
Kern	$1,961,796
Los Angeles	$5,000,000
Marin	$4,244,626
Mendocino	$1,987,526
Monterey	$2,607,022
San Bernardino	$4,408,318
San Francisco	$3,488,400
San Joaquin	$4,175,327
Santa Clara	$1,196,823
Solano	$4,978,822
Tuolumne	$ 833,209
Ventura	$2,460,546
Yolo	$2,704,541
TOTAL	**$47,924,454**

Project Oversight and Support

The Board fulfills its responsibilities related to local corrections in partnership with sheriffs, chief probation officers and many other local stakeholders. For the MIOCRG Program, this collaborative approach also involves working closely with project managers, fiscal officers, evaluators and community-based agencies to help them achieve the county's programmatic objectives and meet contractual obligations.

Board staff plays a critical technical assistance and development role for the individual projects. Upon request, and as part of their grant oversight responsibilities, Board staff regularly provides direct consultation and training to assist project managers in strengthening local partnerships and with other crucial program implementation and evaluation activities. In addition, to keep the Board apprised of the counties' progress, Board staff visits each county at least twice a year. Site visits provide an opportunity to observe program operations, meet with staff, review financial records, and monitor data collection efforts. Board staff also receives semi-annual progress reports from each county identifying issues that may warrant technical assistance.

Project Manager Meetings are another vehicle for providing program support and assistance to counties. In addition to serving as a forum for sharing information on project management and evaluation issues, these meetings provide an opportunity for project managers, evaluators, and line staff to talk about common challenges and share ideas on strategies for addressing these challenges. Participant evaluations indicate that these meetings are beneficial.

Fiscal Accountability

The contracts MIOCRG counties have entered into with the Board outline specific requirements regarding the use of state grant and local match funds. For example, each county must submit quarterly invoices outlining expenditures of state and local match funds. In addition, each county must submit a final audit to the Board within 120 days of the contract ending date.

To assist counties in meeting these requirements, particularly in terms of maintaining sufficient documentation on claimed expenditures and insuring adequate internal controls, Board staff arranged for auditors to conduct compliance reviews in five MIOCRG I counties. These reviews identified areas in need of improvement and/or change in order for counties to be in contractual compliance. So all grantees could benefit from this technical assistance process, Board staff shared the findings of the reviews at a subsequent Project Manager Meeting. Plans for compliance reviews in MIOCRG II counties are currently underway.

CHAPTER TWO: THE DEMONSTRATION PROJECTS

The MIOCRG Program has provided counties the impetus – and opportunity – to enhance and restructure services for mentally ill offenders, both while they are in custody and after their release. Although specific interventions in the 30 projects vary according to the identified needs and available resources in each county, there are common strategies being employed by grantees in their efforts to reduce recidivism among persons with a mental illness.

The counties also have a number of challenges in common, both in terms of start-up activities and day-to-day program operations. Despite these challenges, the MIOCRG counties remain committed to making a positive difference in the lives of the clients they are serving.

Strategies and Interventions

Most of the MIOCRG projects are using multi-disciplinary teams, or MDTs, to deliver program services. These interagency teams – typically comprised of professionals from mental health, probation and social services – collaborate in the development and provision of services as well as the supervision and monitoring of clients in the community. In several counties, MDTs also include medical staff (e.g., a nurse), a substance abuse specialist and/or an occupational therapist.

The majority of counties are also using intensive case management with clients. This strategy, which involves reduced caseloads for staff, is designed to ensure that clients receive the kind of services – and the level of support – they need to function productively in the community.

A third strategic approach is intensive probation supervision. With reduced caseloads, probation officers are able to monitor clients' behavior much more closely and provide the support and encouragement they often need to remain in compliance with their treatment plans.

The MIOCRG counties have incorporated these and/or other strategies, including creation of a mental health court or calendar, into two basic models for the provision of community-based services.

Approximately 80 percent of the projects are using an adaptation of the Assertive Community Treatment (ACT) model, which entails the use of an MDT to provide highly individualized services directly to clients and offers immediate intervention on a 24/7 basis. The remaining projects are connecting inmates to community service providers upon release. This "linkage" approach relies on the expertise of mental health professionals who typically work in conjunction with probation officers.

The community-based treatment and services provided to clients include assistance in securing housing, vocational training, employment, and financial entitlements; counseling; life skills training; substance abuse testing; medication education/management; transportation services; crisis intervention; and day treatment centers.

About half of the counties also provide enhanced in-custody services, which include expanded screening and assessment; dedicated housing; and comprehensive discharge planning.

Project descriptions developed by the MIOCRG I and II counties provide an overview of the enhanced services and interventions available to clients (see Appendices D and E). For further information, readers should contact the county's project manager (see Appendices F and G).

Common Challenges

MIOCRG I and II counties have reported facing many of the same challenges in implementing and operating their demonstration projects.

The recruitment, hiring and training of staff (jail personnel, probation officers, clinicians, case workers and others) proved to be a very time-consuming start-up activity for grantees. County employment practices, the limited pool of qualified candidates (particularly in the mental health field), and the nature of the projects themselves (e.g., offering clients "24/7" access to staff) all prolonged the process of bringing essential personnel on board.

Reinstating Federal Disability Benefits: Experts Recommend Strategies

Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) are often the only source of financial support for people who suffer a serious mental illness. Under federal law, however, these disability benefits are almost always suspended or terminated while a person is in jail. Although mentally ill persons need treatment, housing, food and other necessities as soon as they are released from jail, the process for reinstating benefits is not well understood. It also takes time, typically several months, yet for many mentally ill persons, even a short delay increases the likelihood of destabilization and further contact with the criminal justice system.

In the Summer of 2001, in order to address the concerns of a number of legislators, Board staff convened a group of subject matter experts from around the state to examine this critical issue and develop recommendations on policies and practices that would facilitate the reinstatement of disability benefits upon an inmate's release from jail. The recommendations of the SSI/SSDI Work Group, which met in September 2001, include:

- Initiate training for jail managers and staff on the disability benefit reinstatement process;
- Encourage the development of working relationships between county officials and their local Social Security Administration office(s); and
- Develop a process for determining 'best practices" across the state and disseminating this information to stakeholders.

The Work Group's report, "Federal Disability Benefits: A Key to Curbing Recidivism Among Persons with a Severe Mental Illness," addresses these and other recommendations. Interested persons may access this report on the Board of Corrections' Web site at www.bdcorr.ca.gov.

Finding an acceptable and appropriate site for a residential treatment program and/or suitable office space for staff also took several counties longer than anticipated. In addition, for some counties, it took longer than expected to finalize subcontracts with community-based providers.

On the whole, one of the biggest challenges MIOCRG I counties have grappled with is the rate of client enrollment, which has been slower than anticipated and may ultimately affect some counties' projected sample size.

One reported reason is that many inmates, once they have sobered up or are no longer under the influence of drugs, do not have a serious mental illness as their primary diagnosis, thus excluding them from the program. In addition, many offenders with a mental illness are unable to participate because they committed offenses the county opted to exclude in its eligibility criteria or because they do not have the required criminal justice history (e.g., a specific number of prior arrests). The voluntary nature of these projects has also impacted client enrollment in some counties.

While still in the early stages of their projects, it appears that the MIOCRG II counties are facing fewer problems in enrolling clients. This may be due to the program eligibility criteria used by these grantees.

Counties also report facing common challenges in the day-to-day operations of their programs. Chief among these is the lack of available and/or affordable housing – both transitional and long-term – for clients, many of whom are homeless. Although counties have implemented creative solutions to this dilemma, from establishing and/or expanding ties with homeless shelters and motels to partnering with local non-profit agencies in leasing residential homes, the lack of housing remains a major obstacle to successful community reintegration for offenders with a mental illness.

Providing effective treatment for clients with co-occurring disorders (a serious mental illness coupled with a substance abuse disorder), who comprise an estimated 60 to 90 percent of the mentally ill offender population, has also proved extremely challenging for counties.

According to the National GAINS Center for Persons with Co-Occurring Disorders in the Justice System, integrated mental health and substance abuse services generally offer the best chance for sustained symptom remission among these offenders. However, for a variety of reasons, including the lack of professional training or treatment experience, the availability of community-based programs and facilities offering integrated treatment is very limited.

As discussed in the shaded box to the right, one of the ways in which the MIOCRG I counties have responded to this challenge is to coordinate training sessions for line staff that focused in large part on effective treatment strategies for persons with co-occurring disorders.

Changes in project management and line staff (clinicians, case managers, probation officers, etc.), whether due to burnout, promotions, or other reasons, has also posed challenges for a number of counties. Although inevitable, staff turnover requires another round of recruitment and hiring, which often takes several months and results in a heavier workload for remaining staff to ensure continuity of services for clients.

Early Successes

Although confronted with many challenges, the individuals and agencies collaborating on the MIOCRG demonstration projects – in many cases, to an unprecedented extent – are firmly committed to improving the ability of mentally ill offenders to function within the community.

Most of the MIOCRG I counties have presented preliminary findings from their local research at Project Manager Meetings. Overall, these early results indicate that clients are responding well to the enhanced treatment and services they are receiving through these demonstration projects. Reported outcomes include fewer crimes being committed, fewer days being spent in jail and fewer hospitalizations among MIOCRG clients as compared to mentally ill offenders receiving traditional mental health services.

Case studies maintained by counties also suggest that these projects are having a positive impact on the lives of mentally ill persons.

Counties Spearhead "Line Staff" Meetings

To help promote the exchange of information and ideas among line staff, the project managers from three counties – Stanislaus, Humboldt and Sacramento – have initiated and conducted two meetings for clinicians, caseworkers, probation officers, substance abuse counselors and others.

The first line staff session, held in October 2000, focused primarily on enhancing participants' understanding of the Assertive Community Treatment model and interventions for serving persons with co-occurring disorders (mental illness and substance abuse).

Given the many challenges posed by this population, the second line staff meeting – held in February 2002 – included training by the National GAINS Center on effective intervention strategies for working with mentally ill offenders who have co-occurring disorders.

In addition, both meetings provided attendees an opportunity to network with line staff from other counties on specific topics of interest, including interagency collaboration; housing, medication compliance, relapse prevention, mental health courts, and cultural competence.

Each of these sessions drew over 75 line staff representing nearly every MIOCRG I county. The participants' evaluations indicated that they found the meetings extremely beneficial, both in terms of providing useful information on various approaches to serving the mentally ill offender population and enabling staff to address common issues and challenges.

With assistance, support and encouragement from dedicated staff, clients are complying with medications, staying sober, returning to school, finding volunteer and paid jobs, learning money management and other basic life skills, and even reuniting with family members. For individuals who suffer – and struggle – because of a serious mental illness, these are major accomplishments.

CHAPTER THREE: STATEWIDE EVALUATION

The Legislature established the MIOCRG Program to determine "what works" in reducing crime, jail crowding and criminal justice costs associated with mentally ill offenders and directed the Board to evaluate the overall effectiveness of the county demonstration projects supported by this initiative. In fulfilling this mandate, Board staff has developed a comprehensive research design, with input from counties, that includes analyses to:

- Determine differences in criminal justice, mental health and other outcome measures between participants receiving the enhanced treatment and treatment-as-usual.

- Identify specific interventions, or types of interventions, that account for differences in outcomes between the two groups.

- Examine the relationship between outcomes and program designs, or structural features.

This research design requires grantees to collect common data elements on the characteristics of participants, the services they are receiving, and the effects, or outcomes, of these interventions. Counties submit their data every six months. Board staff then aggregates the data, which increases the statistical power of the research and the extent to which positive results can be generalized. Surveys are being used to collect information needed for programmatic analyses.

Participant Profile

An analysis of the client intake data provided by counties resulted in the following general profile of the MIOCRG Program's participants. Board staff also constructed a comprehensive profile of participants (see Appendix H).

- The average age of participants is 38 years, approximately 51 percent of participants are male, and the most prevalent ethnicities or races are White (58 percent), Black (22 percent) and Hispanic (14 percent).

- Upon program entry, 22 percent of the participants reported being homeless and 82 percent were unemployed.

- Depressive and bipolar disorders, including schizophrenia, constitute approximately half of the diagnoses.

- The majority of participants indicate that they had adequate food, clothing, shelter, and other basic resources during the 30 days prior to the qualifying arrest.

- The mean number of bookings during the 36 months prior to program entry is 6.4, and the median number of days in jail during the 36 months prior to program entry was 39.

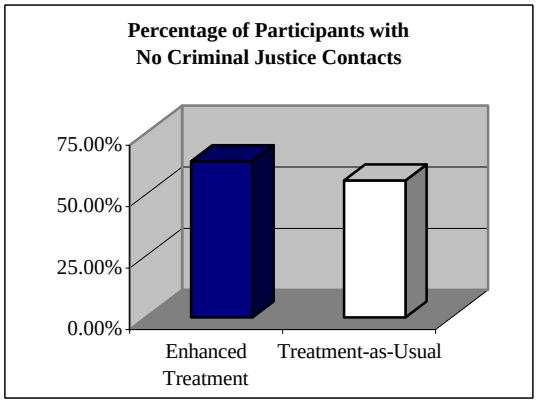
Criminal Justice Outcomes

An analysis of the data submitted by counties indicates that clients in the enhanced treatment group have had fewer bookings, convictions and jail days than individuals in the treatment-as-usual group. These findings are all statistically significant, which means that the differences between the two groups of samples are not likely to have occurred by chance – i.e., there is a high probability that the differences generalize to the entire population of MIOCRG participants as well as to mentally ill offenders who have not entered the program.

For this analysis, Board staff constructed an index of criminal involvement from the relevant outcome variables in the common data elements. This index is a measure of the number of "points of contact" individuals in the enhanced treatment and treatment-as-usual groups have had with the criminal justice system during treatment. A point of contact is defined as (1) a booking into jail; (2) a conviction; and (3) the number of days spent in jail. The criminal involvement index combines these three points of contact.

The results of conducting appropriate statistical tests on the criminal involvement index reveal two positive effects of the various interventions represented in the common data elements. First, there is a significant difference between the average index score for the two groups, with the enhanced treatment group averaging 12.1 points of contact with the criminal justice system compared to 15.2 points of contact for the treatment-as-usual group.

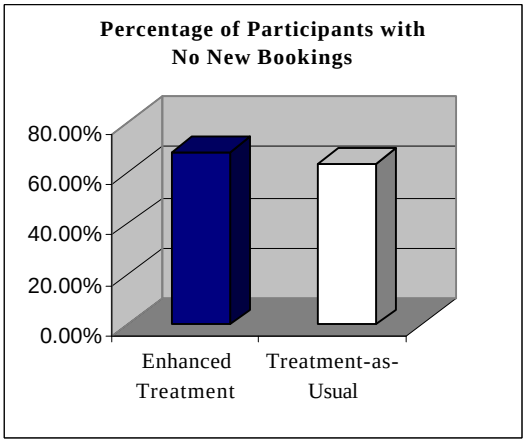
Another meaningful way in which to view group differences is as a comparison of the percentage of participants with no points of contact during treatment versus one or more points of contact. This analysis found that 63.7 percent of the enhanced treatment group had no involvement with the criminal justice system during treatment compared to 56 percent of the treatment-as-usual group. This difference is highly significant.



Board staff examined the differences between the two groups for each of the three constituent variables of the criminal involvement index.

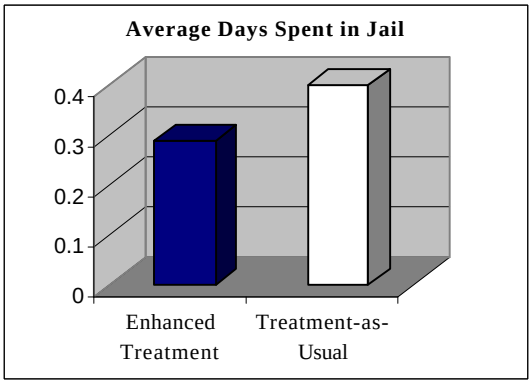
The variable *Number Of Times Individual Was Booked Into Jail* shows significant differences between the two groups. The average number of bookings for the enhanced treatment group is .63, while that for the treatment-as-usual group is .64. However, when you remove the infrequently occurring and very uncharacteristic data points (i.e., outliers), the difference between the two means increases. Under these conditions, the average number of times booked for the enhanced treatment group is .41 versus .44 for the treatment-as-usual group.

In examining group differences in terms of the percentage of subjects with no bookings versus those with one or more bookings, the data indicate that 68.7 percent of the enhanced treatment group had no bookings during treatment versus 63.9 percent for the treatment-as-usual group. Again, these differences are statistically significant.



The variable *Number of Convictions* also shows differences between the two groups. The average number of convictions of participants in the enhanced treatment group is .29 while the average for the combined treatment-as-usual groups is .40. Comparing the percentage of subjects with no new convictions during treatment, slightly more than 80 percent of the enhanced-treatment group had none compared to 75 percent of the treatment-as-usual group.

Regarding the variable *Number of Days in Jail* (during treatment), the average for the enhanced-treatment group is 14.3 days compared to almost 17 days for the treatment-as-usual group. The percentage of enhanced-treatment subjects who spent zero days in jail during treatment is 68.3, while 62.6 percent of the comparison group spent zero days in jail.



This analysis also included one other criminal justice outcome: *Most Serious Offense for Which Participant was Booked* (during 2001).

The difference between the two groups on this variable was in a favorable direction (i.e., 54.5 percent of the enhanced treatment group committed felonies compared to 56.2 percent of the treatment-as-usual group); however, the difference is not statistically significant. Since this could be due to the small number of participants on whom data were provided, further collection of data is needed to make a determination regarding the effect of enhanced treatment on the severity of offenses committed.

Mental Health Outcomes

This analysis of mental health outcomes focused on three common data elements: Problems with Alcohol, Problems with Drugs, and Global Assessment of Functioning, or GAF, scores. Board staff combined the first two data elements to create the Substance Abuse Index. The larger this value, the greater the problems with substance abuse. These are self-reported data. The GAF is a 100-point scale used by clinicians to gauge an individual's level of functioning and impaired judgment. Higher GAF scores equate to a better mental health status.

Experts agree that substance abuse exacerbates the symptoms of mental illness, keeping people in a cycle of repeated hospitalizations and/or involvement with the criminal justice system. It is therefore encouraging that an analysis of self-reported substance abuse problems revealed significant differences in favor of the enhanced treatment group. The Substance Abuse Index, which ranges from 0 to 4, shows an average of .70 admissions of a substance abuse problem for the enhanced treatment group and .87 for the treatment-as-usual group. Further, 70.9 percent of the enhanced treatment group reported zero substance abuse compared to 63.7 percent of the treatment-as-usual group.

A comparison of GAF scores for the two groups showed no reliable increase between the time of entry into the program and during treatment. Additional data over longer periods of time will be needed to determine if enhanced treatment has an effect on GAF scores.

Economic Self-Sufficiency Outcomes

SB 1485 required counties to consider strategies for establishing long-term stability for mentally ill persons, including a stable source of income. There are two principal outcome measures in the common data elements for assessing economic stability, or self-sufficiency: employment status and financial assistance. While this analysis did not reveal a significant difference between the groups on the employment variable, enhanced treatment appears to be much more effective than treatment-as-usual in helping mentally ill offenders obtain federal disability benefits and other forms of financial assistance.

The scale for the employment variable ranges from 0 (not in the paid workforce) to 4 (full-time employment of 35 hours or more per week). This analysis found no significant difference between the enhanced treatment and treatment-as-usual groups in the percentage of clients who are gainfully employed (approximately 11 percent in each group are engaged in some kind of paid work). One possible explanation is that a "critical mass" of treatment is necessary for an individual with a serious mental illness to obtain employment. Thus, any differences between groups in employment may not be manifested at this point in the MIOCRG Program. It is also possible that gainful employment is simply "out of reach" for persons who are mentally ill.

A realistic alternative to gainful employment for mentally ill persons is financial assistance, most notably in the form of disability entitlements. On this variable, which uses a scale ranging from 0 to 18 for different types of financial assistance, the data analysis revealed significant differences between the groups. In the enhanced treatment group, 76.3 percent of the participants receive at least one form of financial assistance compared to 59.2 percent in the treatment-as-usual group. Thus, clients in the enhanced treatment group appear much more economically self-sufficient than persons in the treatment-as-usual group. A likely explanation is that the enhanced services provided to MIOCRG clients typically include assistance in reinstating Social Security benefits and other entitlements.

Interventions and Criminal Justice Outcomes

The preceding overview of current outcome analyses strongly suggests that the enhanced treatment and treatment-as-usual groups differ on many outcomes. BOC staff also conducted a more detailed analysis to identify interventions, or combinations of interventions, that relate to or explain these outcomes.

Based on the data submitted to date by counties, there is evidence that a number of interventions are linked to criminal justice and mental health outcomes. However, in light of the challenges several counties face in collecting and accurately reporting common data elements, the findings of this analysis may or may not be generalizable to the entire MIOCRG population.

Client Counseling

The common data elements include eight variables related to the counseling clients receive – on an individual basis, in groups or specific to substance abuse issues – while in custody and upon release. For the purpose of this analysis, Board staff combined the variables into a counseling index for each client on whom the required data is available. The greater the value of the index, the greater the amount of counseling clients received.

The hypothesis is that as the total amount of counseling increases, clients' involvement in the criminal justice system decreases. The analysis of available data suggests that this is, in fact, the case and that, while moderate in effect size, this relationship is highly significant.

Staff Contacts

A second hypothesis tests the relationship between the criminal involvement index and the amount of contact the probation officer has with the client and that other program staff has with court/legal personnel on behalf of the client.

Board staff created an index that represents the number of combined contacts. The relationship between this contacts index and the criminal involvement index is hypothesized to be an inverse one – i.e., as the number of contacts increase, clients' involvement in the criminal justice system will decrease.

Board staff's analysis of the data suggests that this inverse relationship is highly significant and of moderate size.

Client Planning

For this analysis, Board staff combined two intervention variables – pre-release planning and plan development – into an index labeled client planning.

Pre-release planning, which occurs while offenders are in custody, includes plans for psychiatric treatment, social services, housing and other assistance needed by clients to successfully transition from jail into the community. Plan development, which is an out-of-custody intervention, includes the development of a coordinated treatment plan that involves the various agencies and providers and monitoring of the clients' progress.

The hypothesis being tested is that increasing efforts and time spent in client planning results in less recidivism during treatment, and the data available for analysis confirms this hypothesis.

Substance Abuse Interventions

A third relationship of interest is that between the criminal involvement index and the amount of substance abuse intervention clients receive. Substance abuse intervention is represented in the common data elements in variables related to counseling (both in and out of custody), testing, crisis intervention, and residential treatment.

The hypothesis is that clients' involvement with the criminal justice system will decrease as the amount of time and effort devoted to substance abuse intervention increases.

Interestingly, the data does not strongly support this hypothesis. There is a significant but very modest inverse relationship between the amount of substance abuse intervention clients receive and criminal involvement. Perhaps this is due to the lack of integrated treatment, which research has identified as being the most effective strategy for persons with co-occurring disorders.

Medication Support Services

The final intervention examined for this analysis was medication support services, a variable that measures the time spent by staff on prescribing, dispensing, and monitoring medications to alleviate symptoms of mental illness.

The hypothesis is that more medication support services will result in less recidivism. However, based on the available data, there is no evidence of a relationship between the two variables. This is an unexpected finding since prevailing wisdom asserts that medication is critical to psychological improvement and, therefore, to achieving better outcomes. The results of this analysis may be unreliable due to data collection and coding problems. Board staff will continue to examine this issue.

Interventions and Mental Health Outcomes

The effects of substance abuse counseling and other substance abuse interventions on mental health outcomes – i.e., self-reported problems with drugs and/or alcohol – were also examined. The analysis revealed that increased substance abuse counseling (even in the absence of non-counseling substance abuse interventions) is very significantly related to decreased substance abuse problems during treatment. The effect of the non-counseling substance abuse treatment is modest in size but still statistically significant.

Peer Support and 12 Step Meetings

This variable refers to clients' attendance at any of several substance abuse group meetings. The data suggest that peer support – as manifested in substance abuse group meetings – is correlated with the absence of substance abuse problems.

Future Analyses

Analyzing the effects of specific interventions on outcomes and understanding the relationships between the two are crucial to identifying and explaining "what works" in reducing recidivism among mentally ill offenders. As the MIOCRG Program proceeds, Board staff will continue its focus on this client-based research. At the same time, to study only interventions is to study only a part of what makes a program effective.

Evaluating Mental Health Court Models

Several counties participating in the MIOCRG Program have implemented a mental health court or calendar as part of their demonstration project.

As part of its evaluation of the MIOCRG Program, Board staff has initiated an effort to collect a myriad of descriptive data on the various mental health court models used by counties. Through a survey instrument developed in cooperation with these counties, Board staff hopes to answer two key questions:

- How do the mental health court models differ from one another?
- Are there differences in program outcomes between the counties that are using a mental health court and those that are not?

This analysis will provide further insight about "what works" in reducing recidivism among mentally ill offenders.

For this reason, the evaluation of the MIOCRG Program will also include research designed to enhance understanding of how the structural features of these projects affect outcomes.

The non-intervention, or structural, features of a program include issues relating to the mechanics of service delivery, accessibility of clients to the program, treatment venues, staffing for specified medical/mental health specialties, and caseloads. One approach to identifying and understanding these program features is to use the Assertive Community Treatment (ACT) model, which is recognized by mental health care providers as the most effective model for the delivery of mental health care services and treatment.

The ACT model is not defined so much by the specific interventions it employs as by a number of structural or design characteristics. Using the appropriate statistical procedures, researchers have identified 26 different design facets in this service delivery model. ACT researchers also have developed reliable rating scales with which to quantify the extent to which these facets are present in any given program providing mental health treatment.

Counties Examine Costs and Benefits

One of the goals of the MIOCRG Program is to reduce criminal justice costs associated with mentally ill offenders. In its final report to the Legislature, the Board will include an assessment of the overall fiscal impact of this initiative. In the meantime, the vast majority of counties have included a cost/benefit analysis in their project's research design. While the specific information examined in these analyses may vary among counties, the underlying objective is the same: to provide information to policymakers about the impact of the county's demonstration program on local mental health and criminal justice costs.

In November 2001, representatives of Sonoma County presented preliminary cost/benefit data for the Forensic Assertive Community Treatment (FACT) project to the members of the Board of Corrections. The county's analysis focuses on the project's main objectives of reducing the number of jail days, hospitalizations (psychiatric inpatient days), failures-to-appear (FTA) in court, and new crimes among participants.

In examining these four outcome variables, the county's evaluator compared data on clients for the one-year period before and after their entry into the FACT program. The data indicate that clients receiving the FACT program's enhanced services experienced a 68 percent reduction in jail days, a 59 percent reduction in psychiatric inpatient days, a 63 percent reduction in FTAs, a 94 percent reduction in felony charges, and an 88 percent reduction in misdemeanor charges.

Based on cost figures obtained from the Sheriff's Department, Mental Health Department and others sources, the county reported that these reductions indicate a cost "avoidance" of over $972,800 in the 12 months following program entry. Estimated treatment costs for FACT clients during this period were $484,300.

For readers wishing more information, a roster of each county's project manager is available on the Board's web site at www.bdcorr.ca.gov.

Board researchers are using this empirical model to identify the ACT-related structural features of the 30 MIOCRG projects and analyze how these design facets relate to program results. ACT data have been collected from the MIOCRG I projects and will be collected from the MIOCRG II projects in the near future. The design facets will be treated as independent variables (similar to interventions); and their relationships to the outcome measures will be analyzed for their contribution to program success.

Although the ACT literature base is large, very few published studies have examined this model within the context of the mentally ill offender. Almost all studies focus on mentally ill persons , not mentally ill offenders. Thus, with this component of the Board's statewide evaluation of the MIOCRG Program, California is in a unique position to enhance understanding of the effect of the ACT design on the effectiveness of programs serving the mentally ill offender population.

Local Evaluations

In addition to the Board's statewide evaluation of the MIOCRG program, counties are using locally developed research designs to test specific hypotheses related to their projects. Counties must submit a Final Project Evaluation Report to the Board within 90 calendar days of the contract ending date.

These evaluations, which provide counties an opportunity to focus on unique aspects of their project, must include sufficient information about the participants, research design, nature and extent of treatment interventions, and data analysis procedures to permit replication of the program by others. The counties' reports must also include a process evaluation focusing on how the program operated. In addition, most counties will conduct some type of cost benefit analysis as part of their local evaluation.

In time, the research being conducted by the Board, along with findings from each county's project evaluation, will provide much-needed insight on effective strategies for curbing recidivism among mentally ill offenders.

APPENDIX A

BILL NUMBER: SB 1485 CHAPTERED

CHAPTER 501

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AMENDED IN SENATE MAY 5, 1998

AMENDED IN SENATE APRIL 1, 1998

INTRODUCED BY Senator Rosenthal

(Principal coauthor: Senator Rainey)

(Coauthor: Senator McPherson)

(Coauthors: Assembly Members Hertzberg, Migden, Papan, Strom-Martin, Sweeney, and Thomson)

FEBRUARY 4, 1998

An act to add and repeal Article 4 (commencing with Section 6045) of Chapter 5 of Title 7 of Part 3 of the Penal Code, relating to mentally ill criminal offenders.

LEGISLATIVE COUNSEL'S DIGEST

SB 1485, Rosenthal. Mentally ill offender crime reduction grants.

Under existing law, it is the duty of the Board of Corrections to make a study of the entire subject of crime, with particular reference to conditions in the State of California, including causes of crime, possible methods of prevention of crime, methods of detection of crime, and apprehension of criminals, methods of prosecution of persons accused of crime, and the entire subject of penology, including standards and training for correctional personnel, and to report its findings, its conclusions and recommendations to the Governor and the Legislature as required.

This bill would require, until January 1, 2005, the Board of Corrections to administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders. The bill would require the board, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, to create an evaluation design for the grant program that will assess the effectiveness of the program in reducing crime, the number of early releases due to jail overcrowding, and local criminal justice costs, and would require the board to submit annual reports to the Legislature based on the evaluation design. The bill would require funding for the program to be provided, upon appropriation by the Legislature, in the annual Budget Act.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature hereby finds and declares all of the following:

(a) County jail inmate populations nearly doubled between 1984 and 1996, from 43,000 to 72,000. Court-ordered population caps have affected 25 counties and represent 70 percent of the average daily population in county jails. As a result of these caps and a lack of bed space, more than 275,000 inmates had their jail time eliminated or reduced in 1997.

(b) An estimated 7 to 15 percent of county jail inmates are seriously mentally ill. Although an estimated forty million dollars ($40,000,000) per year is spent by counties on mental health treatment within the institution, and that figure is rising rapidly, there are few treatment and intervention resources available to prevent recidivism after mentally ill offenders are released into the community. This leads to a cycle of rearrest and reincarceration, contributing to jail overcrowding and early releases, and often culminates in state prison commitments.

(c) The Pacific Research Institute estimates that annual criminal justice and law enforcement expenditures for persons with serious mental illnesses were between one billion two hundred million dollars ($1,200,000,000) and one billion eight hundred million dollars ($1,800,000,000) in 1993-94. The state cost in 1996-97 to incarcerate and provide mental health treatment to a seriously mentally ill state prisoner is between twenty-one thousand nine hundred seventy-eight dollars ($21,978) and thirty thousand six hundred ninety-eight dollars ($30,698) per year. Estimates of the state prison population with mental illness ranges from 8 to 20 percent.

(d) According to a 1993 study by state mental health directors, the average estimated cost to provide comprehensive mental health treatment to a severely mentally ill person is seven thousand dollars ($7,000) per year, of which the state and county cost is four thousand dollars ($4,000) per year. The 1996 cost for integrated mental health services for persons most difficult to treat averages between fifteen thousand dollars ($15,000) and twenty thousand dollars ($20,000) per year, of which the state and county costs are between nine thousand dollars ($9,000) and twelve thousand dollars ($12,000) per person.

(e) A 1997 study by the State Department of Mental Health of 3,000 seriously mentally ill persons found that less than 2 percent of the persons receiving regular treatment were arrested in the previous six months, indicating that crimes and offenses are caused by those not receiving treatment. Another study of 85 persons with serious mental illness in the Los Angeles County Jail found that only three of the persons were under conservatorship at the time of their arrest, and only two had ever received intensive treatment. Another study of 500 mentally ill persons charged with crimes in San Francisco found that 94 percent were not receiving mental health treatment at the time the crimes were committed.

(f) Research indicates that a continuum of responses for mentally ill offenders that includes prevention, intervention, and incarceration can reduce crime, jail overcrowding, and criminal justice costs.

(g) Therefore, it is the intent of the Legislature that grants shall be provided to counties that develop and implement a comprehensive, cost-effective plan to reduce the rate of crime and offenses committed by persons with serious mental illness, as well as reduce jail overcrowding and local criminal justice costs related to mentally ill offenders.

SEC. 2. Article 4 (commencing with Section 6045) is added to Chapter 5 of Title 7 of Part 3 of the Penal Code, to read:

Article 4. Mentally Ill Offender Crime Reduction Grants

6045. The Board of Corrections shall administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders, as defined in paragraph (1) of subdivision (b) and subdivision (c) of Section 5600.3 of the Welfare and Institutions Code.

6045.2. (a) To be eligible for a grant, each county shall establish a strategy committee that shall include, at a minimum, the sheriff or director of the county department of corrections in a county where the sheriff is not in charge of administering the county jail system, who shall chair the committee, representatives from other local law enforcement agencies, the chief probation officer, the county mental health director, a superior court judge, a client of a mental health treatment facility, and representatives from organizations that can provide, or have provided, treatment or stability, including income, housing, and caretaking, for persons with mental illnesses.

(b) The committee shall develop a comprehensive plan for providing a cost-effective continuum of graduated responses, including prevention, intervention, and incarceration, for mentally ill offenders. Strategies for prevention and intervention shall include, but are not limited to, both of the following:

(1) Mental health or substance abuse treatment for mentally ill offenders who have been released from law enforcement custody.

(2) The establishment of long-term stability for mentally ill offenders who have been released from law enforcement custody, including a stable source of income, a safe and decent residence, and a conservator or caretaker.

(c) The plan shall include the identification of specific outcome and performance measures and a plan for annual reporting that will allow the Board of Corrections to evaluate, at a minimum, the effectiveness of the strategies in reducing:

(1) Crime and offenses committed by mentally ill offenders.

(2) Criminal justice costs related to mentally ill offenders.

6045.4. The Board of Corrections, in consultation with the State Department of Mental Health, and the State Department of Alcohol and Drug Programs, shall award grants that provide funding for four years. Funding shall be used to supplement, rather than supplant, funding for existing programs and shall not be used to facilitate the early release of prisoners or alternatives to incarceration. No grant shall be awarded unless the applicant makes available resources in an amount equal to at least 25 percent of the amount of the grant. Resources may include in-kind contributions from participating agencies. In awarding grants, priority shall be given to those proposals which include additional funding that exceeds 25 percent of the amount of the grant.

6045.6. The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall establish minimum standards, funding schedules, and procedures for awarding grants, which shall take into consideration, but not be limited to, all of the following:

(a) Percentage of the jail population with severe mental illness.

(b) Demonstrated ability to administer the program.

(c) Demonstrated ability to develop effective responses to provide treatment and stability for persons with severe mental illness.

(d) Demonstrated history of maximizing federal, state, local, and private funding sources.

(e) Likelihood that the program will continue to operate after state grant funding ends.

6045.8. The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall create an evaluation design for mentally ill offender crime reduction grants that will assess the effectiveness of the program in reducing crime, the number of early releases due to jail overcrowding, and local criminal justice costs. Commencing on June 30, 2000, and annually thereafter, the board shall submit a report to the Legislature based on the evaluation design, with a final report due on December 31, 2004.

6045.9. This article shall remain in effect only until January 1, 2005, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2005, deletes or extends that date.

6046. Funding for mentally ill offender crime reduction grants shall be provided, upon appropriation by the Legislature, in the annual Budget Act. It is the intent of the Legislature to appropriate twenty-five million dollars ($25,000,000) for the purposes of Mentally Ill Offender Crime Reduction Grants in the 1999-2000 fiscal year, subject to the availability of funds. Up to 5 percent of the amount appropriated in the budget may be available for the board to administer this program, including technical assistance to counties and the development of an evaluation component.

APPENDIX B

EXECUTIVE STEERING COMMITTEE FOR MIOCRG I

BOC Members

Harry Nabors, Chairperson
Jerry Krans, Co-Chairperson
Susan Saxe-Clifford, Ph.D.
Daniel Ballin

California State Association of Counties Representative

Supervisor John Flynn, Ventura County

California State Sheriffs Association (CSSA) Representatives

Sheriff Bill Kolender, San Diego County
Captain Norm Hurst, San Bernardino County, CSSA Detentions and Corrections Subcommittee

State Department of Mental Health Representative

Gary Pettigrew, Deputy Director

State Department of Alcohol and Drug Programs Representative

Susan Nisenbaum, Deputy Director

California Mental Health Directors Association Representative

John Anderson, MFCC, Deputy Director, Humboldt County Mental Health Department

APPENDIX C

EXECUTIVE STEERING COMMITTEE FOR MIOCRG II

BOC Members

Chief Taylor Moorehead, Los Angeles County (Chairperson)
Sheriff Lou Blanas, Sacramento County (Co-Chairperson)

California State Association of Counties Representative

Supervisor John Flynn, Ventura County

California State Sheriffs Association (CSSA) Representatives

Sheriff Keith Royal, Nevada County
Chief Norm Hurst, San Bernardino County, CSSA Detentions and Corrections Subcommittee

Chief Probation Officers of California

Chief Melton Losoya, Yolo County

State Department of Mental Health Representative

Tom Wilson

State Department of Alcohol and Drug Programs Representative

Patricia Hill

California Mental Health Directors Association Representative

John Anderson, MFCC, Deputy Director, Humboldt County Mental Health Department

APPENDIX D

MIOCRG I PROJECT DESCRIPTIONS

Humboldt County's More Intensive Options and Creative Responses (MIOCR) Program includes a multidisciplinary forensic team that provides coordinated wraparound services to severely mentally ill offenders – beginning in the Humboldt County Correctional Facility, then transitioning into the community. The program values incorporate a model that is strengths based, with a collaborative team approach, and is both consumer and needs driven in an individualized manner. The team is comprised of staff from the Sheriff's Department, Department of Mental Health/Alcohol and Other Drug Programs, and Probation Department.

There are two groups of individuals in this demonstration project, with random group assignment being made by outside evaluators. Those individuals assigned to the Standard Services Group have access to the existing mental health treatment services – both in jail and in the community. The Pilot Services Group receives much of the same treatment, but with more intensive service, and with a clear linkage in the transition to community treatment and living.

The pilot program involves four phases to be completed within a one-year period for each client. Phase I -- the Assessment Phase, begins in jail and includes a thorough assessment of the client's bio-psychosocial needs. At completion of the assessments an individually tailored treatment plan is developed. The client then progresses through Phase II -- the Primary Treatment Phase, which includes individual and group counseling, substance abuse treatment, and education. Phase III, the Treatment/Transition Phase, continues with intensive treatment and education while incorporating the beginnings of transition to community based treatment and services. During either Phase II or III the client will be transitioned from custody to community living, including intensive case management services and probation supervision. Phase IV, the Maintenance and Community Transition Phase, continues the community treatment and monitoring, with transition to standard levels of community services and probation caseload. During this phase the client is expected to take responsibility for continuing treatment, while maintaining a drug/alcohol free and productive lifestyle.

Throughout the program each pilot participant is involved in frequent Status Review Hearings before the MIOCR Court. These hearings model a therapeutic court approach to offender/client accountability and support. Referrals to the program can be made by any person and at any point an individual is in custody. The screening of candidates for appropriateness to the program includes an assessment of their mental illness, alcohol and other drug use, public safety risk, probation status, custody status and criminal history.

Kern County's program, JAILink—Jail Alternatives, Information, and Linkage—is supervised by a multi-agency oversight committee. JAILink provides short-term (less than 6 months) intensive case management services to stabilize MIOs and prepare them to be served by existing mental health treatment teams. Typically, JAILink clients are first linked to Psychological Alternative Resources (PAR), where JAILink has two staff members. After approximately one year with PAR, JAILink clients are transferred to other outpatient treatment teams in the community. All JAILink clients have three-year probation orders to participate in treatment.

The initial short-term JAILink linkage program provides psychiatric services, medication, transportation, General Assistance food stamps and vouchers, and assistance in applying for all appropriate benefits. Case manager-probation officer teams serve 30 to 50 clients.

JAILink Sheriff's Department staff members provide transportation by van from the county jail to JAILink offices when clients are released. The JAILink van is also available to transport clients to mental health and doctor appointments.

The JAILink team screens potential clients using county mental health and criminal justice databases. Clients must meet Medi-Cal target eligibility criteria: Schizophrenia, Bipolar, Major Depressive Disorder, or other major mood or thought disorders. In addition, clients must have been incarcerated at least once to qualify for JAILink. The JAILink Program serves both misdemeanants and felons.

The JAILink team tracks clients over the entire length of the MIOCR grant period. Team members interact on a regular basis with staff members from the mental health outpatient teams receiving JAILink clients. Together they formulate treatment plans ensuring that clients receive services adequate to decrease their likelihood of reoffending.

Client referrals to JAILink come from the daily data base screenings, from the Kern County Jail Correctional Mental Health staff, from the Public Defender's Office, from the District Attorn Office, from the Probation Department, from private attorneys, and from mental health outpatient treatment teams. JAILink works closely with these entities and with the county municipal and superior courts, the Sheriff's Office, and the Bakersfield Police Department on behalf of its clients.

Together with program evaluators, JAILink team members gather common data elements on all treatment group clients, and on comparison group clients when data are available. In addition, program evaluators conduct qualitative studies to describe program structure and processes and to document progress toward locally developed intermediate program goals.

Los Angeles County has established the Community Reintegration of Mentally Ill Offenders (CROMIO) Program, an intensive case management program that provides a continuum of services which begin while the client is in jail and continue upon the client's release into the community. Services include mental health and substance abuse treatment, housing, financial assistance, transportation, education and employment.

Program participants, who are referred to as Members, are assigned to one of two Service Coordination Teams (SCT) and to a Personal Services Coordinator (PSC).

The SCT is multi-disciplinary and includes social workers, a substance abuse counselor, a psychiatric technician, a rehabilitation counselor, a community worker, a probation officer, a deputy sheriff and a psychiatrist. Team members provide direct services and link program participants to services in the community.

During the Member's incarceration in jail, the PSC focuses on engaging the Member. The PSC assesses the needs of the Member by assessing the history and current status. The Member is then informed about the various services available through the program. Together the PSC and the Member formulate an individualized service plan to meet the Member's needs and goals.

The SCT involve the Member's support system, including the PSC and/or family members as appropriate, in transitioning the Member from jail to the community. Deputies transport Members from jail to their pre-arranged housing. In addition, transportation is provided to medical and dental appointments, vocational and education services, and recreational opportunities as needed. The program has established relationships with homeless shelters, board and care facilities, crisis stabilization facilities, residential substance abuse treatment programs and other programs which provide housing and care to Members. The PSC meets with the Member at least weekly to provide outreach and monitoring, one-on-one training in daily living skills, and assistance in obtaining and maintaining benefits and entitlements, housing, education and employment as well as mental health care and substance abuse treatment.

This project has been designated by the Legislature as a High Risk model serving dually diagnosed homeless offenders who are at high risk for being incarcerated in state prison.

Orange County's Immediate Mental Health Processing, Assessment, Coordination and Treatment (IMPACT) project involves specialized teams of deputy probation officers and behavioral mental health clinical staff who address the specific and unique needs of mentally ill offenders and take immediate steps when signs of psychiatric deterioration or non-compliance are evident. These teams are trained to assess the signs of mental illness and deterioration and are able to use specialized terms and conditions of probation to help offenders comply with treatment plans, counseling and other services. The teams are assigned caseloads small enough (25-30 clients) to provide intensive supervision, follow-up and other case management activities.

To accomplish the objectives of its project, the county is continuing to coordinate with local treatment centers and the Sheriff so that an offender's release occurs when services are open and available to the client. The county has also contracted with a local non-profit service organization to provide, immediately upon the client's release from jail, transportation to a treatment center for medication and other services; and with a community care provider to provide psychiatric and medical services, peer counseling services, transportation to court and other support services, and assistance in accessing entitlement benefits and improving daily living skills.

In addition to these intensive services, the project includes development of a multi-lingual educational video to provide information about community education and treatment programs to families of clients. This video will be played in the visiting facilities at the Orange County jail. The county has also developed a centralized voice mail system for clients, their families and providers to provide around-the-clock access to information necessary to keep clients on treatment schedules and remind them of meetings with probation officers, court-required appearances, and other case management requirements. This Centralized Information Center serves to coordinate emergency shelter bed availability in the county.

The evaluation will assess whether the project has reduced recidivism and hospitalization among mentally ill offenders by examining re-arrest rates (as well as types of crimes committed) and hospital admissions.

Placer County CCARES (Continuum of Care to Avoid Re-Arrest and Enter Society) is a demonstration project with four integrated components that provide a continuum of services for clients with serious mental health or dual diagnoses and with felony or misdemeanor convictions.

The first component provides pre-adjudication stabilization services. These services include a thorough bio-psychosocial assessment and additional crisis stabilization services for treatment group clients, both in and out of custody.

The second program component is a multi-disciplinary team that includes a jail services LCSW, PC CCARES, Probation, and Jail staff members. This team reviews all assessments, makes determinations regarding appropriateness for inclusion on the Mental Health Court calendar as well as treatment recommendations, and monitors treatment progress and compliance.

The third component is Cedar House, s residential treatment program for clients who need this level of treatment. A typical stay at Cedar House is 90 days or longer, but clients are continually assessed for their readiness for out-client services. Each client has a customized treatment plan that includes individual and group therapy, day–rehabilitation classes, socialization, medication management, employment readiness and recreational development.

The fourth component provides comprehensive out-client and aftercare treatment services:

1. Out-client individual and group therapy.
2. Employment services, including supportive employment follow-up.
3. Appropriate housing (as some clients will need to move into a supportive housing environment, while others will be ready for independent living.)
4. Aftercare that includes on-going intensive case management services, and community based and/or mental health programs, as clinically appropriate.

Riverside County's project involves three components that have been implemented simultaneously.

The first component of the project is the creation of a dedicated 80-bed housing unit at the Robert Presley Detention Center (via modifications to an existing housing unit).

This component includes the addition of specially trained staff within the housing unit to ensure early detection of decompensation and to provide critical linkages between mental health, health services and custody staff.

The second component involves a 10-bed expansion of the Alternative Sentencing Program (ASP), which provides community-based housing and a comprehensive treatment program that must be completed as a condition of probation (in lieu of incarceration in the dedicated housing unit). The ASP also provides linkages to monetary assistance for medical care, mental health care and other community support services (e.g., housing) needed for participants' successful community reintegration.

The final component focuses on discharge planning and reintegration into the community for mentally ill offenders once they are released from custody. The discharge management program begins three to four weeks prior to an inmate's release and provides linkages to existing mental health and supportive services (e.g., transportation, financial advocacy and vouchers for shelter/transitional living accommodations). This component also includes intensive probation supervision and coordination with community policing efforts to help ensure participation in the treatment program to which offenders are referred and reduce the chances of recidivism.

Sacramento County's *Project Redirection* is an integrated treatment agency providing intensive case management, wrap-around services to one hundred mentally ill, adult, non-violent, repeat offenders released from the county jail.

Staffing is multi-disciplinary and includes case managers, psychiatrists, nursing, and law enforcement. Comprehensive evaluations and assessments addressing the psychosocial, psychiatric, and substance abuse issues of the participants are conducted. Services also include service coordination, resource brokering, emergency and supportive housing, and crisis management.

All participants are identified while incarcerated. Eligible participants must meet the target population criteria of severe and persistent mental illness (schizophrenia and other psychotic disorders, bipolar disorder, major depression.) Participants must not have a history of charges and convictions of felony violent crimes. Mental health eligibility is determined by the identification of the inmate's name and diagnosis in the mental health system database; forensic eligibility is determined by local, state, and national review of law enforcement's database to exclude felony violent crimes. Once eligibility is determined, project participants sign an informed consent for project participation and are then randomly assigned to either Project Redirection's treatment group ervices. Participant's names are logged into local law enforcement's database for identification as project participants. All services are voluntary.

Treatment group participants are assigned a case manager and a release plan is developed identifying housing, medical and mental health needs. At the time of release, the case manager meets the individual at the jail. If no safe or appropriate housing is available, he/she is taken to Southside House, Project Redirection's 12-bed, short-term housing component. These two initial steps - the pre-release planning and immediate, safe housing - are believed to be critical to engaging participants in treatment and recovery. Southside House also functions, when indicated, as a respite or crisis stabilization for program participants.

After release from jail the client engages and participates in a comprehensive psychiatric and nursing (health) evaluation. A psychosocial assessment addressing mental health and substance abuse treatment issues also occurs. If a participant is on formal probation he/she meets with the probation officer and the terms and conditions are reviewed and incorporated into the treatment plan. A treatment team meeting is held with all participants to review the treatment plan, goals and objectives. This ensures a shared knowledge of the participant's treatment objective.

Treatment interventions include but are not limited to the following: individualized and structured dual diagnosis treatment plans, anger management training, medication education, self-esteem groups, life skill training, and when indicated, drug testing.

Outcome analysis will evaluate the two randomly assigned groups – 100 Project Redirection participants and 100 assigned to Sacramento County's existing treatment programs. Outcome variables will include the number of arrests and jail days, severity of crimes, number and length of inpatient psychiatric admissions to the jail and Mental Health Treatment Center, housing stability, addiction severity, symptoms, and quality of life. It is the hypothesis that intensive, comprehensive mental health services will reduce recidivism and are cost effective in redirecting the mentally ill away from the criminal justice system.

San Bernardino County has implemented the San Bernardino Partners Aftercare Network (SPAN) project, which utilizes a multi-agency team to link seriously mentally ill inmates to needed mental health services upon release from jail.

Housed on the grounds of the West Valley Detention Center (but in a separate building), this aftercare management team serves as a "bridge" between custody and community integration by providing a number of important services. Services provided by the team include:

- Early discharge planning at booking to assess inmates' mental health status and post-incarceration housing and community service needs.
- Necessary referrals to outpatient mental health services (including counseling, medication services, and drug and alcohol services).
- A 14-day supply of medication at time of release until contact is made with a community mental health treatment resource.
- Family support services such as notification, re-unification and community resource information available at bi-weekly support meetings at the facility.
- Financial advocacy to assist clients in obtaining Social Security, medical and other benefits.
- Housing advocacy in locating independent living settings or residential placement.
- Transportation as needed to community mental health clinics, a residence or placement facility.
- Identification cards to alert treatment providers, law enforcement personnel and others that the individual is part of the treatment program.

- Assessment and referral to the Mental Health Court and coordination of terms and conditions of probation through the District Attorney's Office, the Public Defender's Office and the Superior Court.

This latter component (coordination of terms and conditions of probation) is handled by a specialized SPAN subprogram called STAR-LITE (Supervised Treatment After Release – Less Intense Treatment Expectations), which expands the capacity of the Mental Health Court. Unlike the county's existing STAR Program, which includes ongoing case management, STAR-LITE provides only aggressive front-end case management to inmates at high risk for recidivism, linking them to needed community services, financial support, housing and drug abuse counseling and treatment.

San Diego County has created the "Connections Program," which uses principles of the Assertive Community Treatment model to provide intensive case management and wraparound services to severely mentally ill offenders on probation.

Upon entry to jail, individuals identified as having a mental health diagnosis and a global assessment of function score of 50 or less are referred to a clinical social worker for further evaluation. Potential clients are randomly assigned to either treatment as usual or the pilot program.

All participants in the Connections Pilot Program are assigned to one of five geographically-specific case management teams comprised of Sheriff's Social Workers, Deputy Probation Officers, and Correctional Deputy Probation Officers. Each team assists 30 probationers, assuring a 1:10 staff-client ratio. The teams provide services 7 days a week between the hours of 7:30 a.m. – 6:00 p.m.

Involvement in the program is time limited to 9-12 months with services delivered in three phases, each lasting about three months. Team responsibilities include pre-release planning, connecting the client with community resources, teaching living skills such as money management, arranging for medical care and medication management, carrying a 24-hour pager in order to respond to crisis situations and consulting and visiting with families as needed. In addition, the Connections Employment Counselor works with all of the teams to assist probationers in developing work skills and finding jobs.

Another important aspect of the San Diego project is the involvement of the Psychiatric Emergency Response Team (PERT), a county organization designed to assist law enforcement responding to psychiatric emergencies in the community. PERT provides after-hours support to the Connections teams in the event of a crisis requiring on-site assessment and intervention.

San Francisco's project, called the Forensic Support System (FSS), provides expanded clinical consultation to the courts; jail-based psychiatric assessment, treatment and pre-release planning; intensive case management and, as appropriate, intensive probation supervision.

The cornerstone of the FSS is the Forensic Case Management Team (FCMT), a multidisciplinary team that operates with a caseload of just under 12 to 1 in coordinating and delivering a broad range of community-based treatment services.

In addition to traditional individual and group counseling, case management, medication and money management, and substance abuse treatment, the Team provides a range of socialization, skill building, recreation and pre-vocational opportunities. Because clients are diverse in race, ethnicity, gender, and sexual orientation, services are delivered in a culturally and linguistically appropriate manner. Throughout enrollment in the program, clients are able to access a case manager 24 hours a day and crisis response is swift and in person. In the event of incarceration, hospitalization, or acute diversion, case managers meet with staff at the institution immediately to ensure continuity of care.

Clients go through a four-phase program, moving through phases according to their individual ability to manage symptoms and comply with their treatment plan (Phase I - Client Engagement; Phase II - Treatment Initiation; Phase III - Intensive Treatment; and Phase IV - Graduated Independence-Aftercare.)

The FCMT also manages a flexible housing fund to assure that individuals can access shelter and housing. In addition to the FCMT, this project provides a Psychiatric Liaison to the court system exclusively for FSS clients. The Liaison provides consultation to the District Attorney, Public Defender, Judge and Adult Probation Department to help assess and determine how best to integrate graduated sanctions that balance public safety, due process, and clinical issues. The project also involves an expansion of the Jail Aftercare Services program to provide intensive pre-release planning and to link clients with the FCMT, intensive supervision (when appropriate), and community-based treatment. This project has been designated by the Legislature as a High Risk Model and will serve mentally ill offenders who are likely to be committed to state prison.

San Mateo County's OPTIONS Project is seeking to reduce recidivism among mentally ill offenders by providing two years of intensive field-based case management services. The essence of the OPTIONS Project is intensive case management and outreach, utilizing many of the principles of the Assertive Community Treatment (ACT) model, including:

- Flexible, innovative intervention and case management strategies that engage clients in the community;
- 7 day per week/24 hour coverage;
- multi-disciplinary team approach; and
- collaboration with other community entities (probation, hospitals, residential treatment facilities, drug and alcohol treatment, vocational support, etc.).

The process of referral and enrollment includes all collaborating agencies (mental health forensics, judiciary, probation, own recognizance) as referral sources. Clients are screened for appropriateness for community treatment. Individuals identified as violent felons and/or those considered to be dangerous or unmanageable are excluded. Clients may be assessed by the mental health clinician at any point during the adjudication process (either pre- or post-sentencing), and the judge decides if supervised probation will be implemented. San Mateo County currently does not have a Mental Health Court; therefore, OPTIONS does not make pre-sentencing recommendations to the court. Instead, OPTIONS picks up clients at the end of the adjudication process.

OPTIONS has three case managers to provide effective client/staff ratios. High frequency of client/staff contact among all members of the treatment team, including probation, correlates directly with increased client stability and successful treatment.

Housing continues to be a critical need. San Mateo County Mental Health has contracted with Clara/Mateo Shelter in Menlo Park as one means of providing housing for OPTIONS clients. Community facilities such as residential treatment, drug and alcohol treatment providers, and board and care facilities also make up the network of housing available to clients.

Santa Barbara County has established two Mental Health Treatment Courts (MHTC), combined with Intensive Support Teams and wrap-around services, to stabilize mentally ill offenders in their communities.

The MHTCs, located in Santa Barbara and Santa Maria in order to serve offenders in the communities in which they reside, involve a judge, district attorney, public defender, probation officer and care manager who work together during an 18-month intensive treatment and supervision program for

mentally ill offenders. The same judge in each court handles individual MHTC program cases to provide as much consistency and coordination as possible.

Participants are brought back to the same court as needed to increase their chances for successfully completing the program. The program includes mental health and substance abuse treatment, medication monitoring, housing and employment assistance, and reunification with family members.

Participant identification begins in Santa Barbara County Jail with Alcohol, Drug and Mental Health Services (ADMHS) staff screening inmates' mental health treatment records. After approval by the District Attorney, the Public Defender obtains a signed "Consent to Participate" from the participant. Clinical staff members at the jail proceed with intake data collection and random assignment of clients to the comparison or demonstration group. Both the comparison and demonstration group receive services for 18 months with the demonstration enrollees receiving enriched and extra services.

The Intensive Support Teams, which consist of county probation officers and mental health professionals, provide daily case management and supervision. The teams accompany the participants to court appearances, treatment and other appointments necessary for their care, directly assisting their clients with employment, including work training in a Horticulture Vocational Program. Case managers conduct 8-week skill training modules developed by UCLA researchers on community re-entry and substance abuse management. The Intensive Support Team is supplemented by services provided through a contract with a community-based organization that extends service coverage to 24 hours a day, 7 days a week, ensuring continuity of care for the clients.

To achieve the objectives of this project, Housing Authorities of the County and City of Santa Barbara have formed a unique partnership providing Section 8 rental assistance vouchers for up to 50 of the participants in the treatment group, thus streamlining access to stable, long-term housing.

The research component of the program, in conjunction with UCSB, evaluates changes in criminal behavior (e.g., arrests, convictions and jail days), involuntary psychiatric hospitalizations, psychological functioning and quality of life variables at six, twelve, eighteen, and twenty-four month intervals for the 250 participants. The research will be used to determine the merit of establishing permanent Mental Health Treatment Courts in Santa Barbara County by assessing the effects extra services and support provide to the 125 clients in the demonstration group.

Santa Cruz County's demonstration project draws, both in concept and practice, from the California Department of Mental Health's successful Conditional Release Program, which uses a combination of treatment and "probation-like" authority to serve and monitor judicially committed mentally ill offenders who return to the community, and the ACT (Assertive Community Treatment) model, which provides intensive treatment services to mentally ill persons on a 24-hour, 7 day per week basis. The project combines intensive probation supervision with intensive case management treatment for mentally ill individuals who have repeatedly been arrested.

The county has formed a specialized ACT Team that provides integrated wrap around services to mentally ill offenders randomly assigned to the demonstration program. This multidisciplinary team is comprised of a mental health supervising client specialist who serves as team leader and oversees the treatment of offenders; a mental health nurse case manager who provides nursing, medication management, therapy, case management and emergency services to clients; a psychiatrist; a senior client specialist; two specially trained deputy probation officers; and a case aide. The team assumes responsibility for serving project clients in all settings, including if they return to jail, for approximately three and a half years.

A "spill-over" effect of this project has been database integration among the Sheriff's Office, Mental Health Department, District Attorney's Office and Probation Department to gather the necessary data to track the mentally ill offender from arrest through the entire program.

The evaluation of the program will assess whether an enhanced ACT model leads to a decrease in arrests, jail days and associated criminal justice costs as well as improved psychosocial functioning, decreased substance abuse, reduced emergency care, and improved housing status. Other improvements are anticipated in the overall functioning and quality of life for individuals who to date have only benefited from the traditional treatment.

Sonoma County's F.A.C.T (Forensic Assertive Community Treatment) program provides intensive mental health case management and probation supervision for out of custody clients. The multi-disciplinary team is comprised of a psychiatrist, a psychiatric nurse, a psychiatric technician, 2 social workers, and a case management specialist. A probation officer has been assigned to the team full time and there is a part-time eligibility worker available to assist with client funding.

Participants are identified once they are booked into the Sonoma County detention facility. FACT staff screen anyone admitted to the mental health modules or anyone suspected of meeting target population guidelines for serious and persistent mental illness. Participants must also have a demonstrated history of multiple bookings in the last three years. The local mental health database and the local criminal justice database are utilized for these purposes. Once a participant is identified, the probation officer runs a " rap-sheet" to ensure the individual does not have exclusionary charges outside of the local jurisdiction (exclusionary charges include enhancements precluding probation; sex offenses; homicide; manslaughter; DUI with great bodily injury, and anyone considered a public safety risk for probationary release). The project then notifies the Public Defender's office and the District Attorney's office of the participant's eligibility. It is the Public Defender's role to get the case referred to Mental Health court, which is the platform for loading the FACT program. Clients are sentenced to probation and see the same judge for periodic progress reviews. If re-incarcerated, clients return to the same courtroom and judge.

In some cases, participants are released with supervision on their own recognizance and can be admitted prior to sentencing with their cooperation. In most cases, participants are admitted directly from jail and are escorted to the FACT program site. Upon admission into the program, each client receives a comprehensive psychiatric assessment by the Psychiatrist. The case manager does a multidisciplinary client treatment plan outlining the course of treatment and addressing the major treatment components. The substance abuse treatment issues become part of this plan. The probation officer meets with the client and outlines probation expectations and reviews the terms and conditions of probation. The FACT program has incorporated behavioral expectations like medication compliance, keeping all scheduled appointments and remaining in specified placement as part of the terms and conditions of probation.

The intensity of service is determined by the client's level of acuity upon admission into the program. On average, however, clients are seen several times a week, and daily as needed until they appear stable enough for twice a week or once a week visits. Clients see the psychiatrist a minimum of once a month when stable and more frequently in the beginning of treatment. They are expected to participate in recovery and relapse prevention groups as well as psycho-educational groups. They are assisted in reactivating their SSI and/or making new applications to Medi-Cal and SSI, in finding housing, and in securing identification so that they can eventually pursue independent housing and employment.

The evaluation component is a pre-post design that will compare participants' mental health service intensity and bookings prior to the program, during the course of treatment, and after treatment.

Stanislaus County's project is a collaborative effort between the Sheriff's Office, Behavioral Health & Recovery Services and Probation Department, in partnership with the Criminal Justice System. The project is designed to evaluate the effectiveness of providing Assertive Community Treatment services to individuals who have met selection criteria as mentally ill offenders and who have been randomly assigned to the project's treatment group. An interdisciplinary FACT (Forensic Assertive Community Treatment) Team functions as a bridge to identify and span gaps between the mental health and criminal justice systems as well as provide intensive case management services to treatment group participants. Unique features of the FACT Team are:

- Low staff to client ratios (as few as seven clients on a service provider's caseload depending on the intensity of the service required to achieve program outcomes).
- Flexible, responsive and innovative intervention and treatment strategies tailored to the individual client (e.g., 7 day/24-hour crisis response, safe temporary housing, basic living necessities, necessary medical and/or other treatment services, transportation, and vocational training).
- Assertive interactions that engage clients in their respective community-based settings.
- Partnerships with those who are impacted by the client's behavior (e.g., area merchants, landlords, local law enforcement) or who provide services to the client (e.g., Salvation Army, Child Welfare).

All individuals who have been incarcerated for any amount of time since the project started and who appear to have a serious mental health disorder are eligible for an initial referral to the FACT Team. Such referrals may come from daily Jail/Mental Health Database Matching System screenings, as well as a variety of sources, including the courts, custodial staff, Public Defender's Office, District Attorney's Office, Probation Department, law enforcement officers, private attorneys, and mental health regional outpatient services. Offenders must not be charged with a serious, violent offense defined in Penal Code Section 667 and/or not be a "third strike" candidate. Further, since the project is voluntary, individuals meeting all other selection criteria must consent to participate in the research project.

A Mental Health Clinician provides the clinical leadership for the FACT Team and has day-to-day responsibility for project operations. This individual conducts clinical assessments, ensures that treatment planning and strategies are appropriate, and provides individual case management functions as well as appropriate clinical treatment. The team also includes three Behavioral Health Specialists, a Deputy Probation Officer, one Clinical Services Technician, a psychiatrist, a registered nurse and administrative staff. The Behavioral Health Specialists are responsible for identifying, obtaining and coordinating all community services the client may need (e.g., substance abuse, health care, and benefits application/advocacy). The psychiatrist and registered nurse provide outpatient assessments, medication services and education. The Deputy Probation Officer monitors clients who are on formal probation. This individual also works collaboratively with the Probation Department, Court and Counsel to design conditions of probation that will encourage the client's involvement with mental health services. The Clinical Services Technician provides support in the area of peer recovery and family advocacy.

The Program and Evaluation Team (PET) works with the FACT Team in collecting common data elements on treatment group participants. A graduate student works with the PET in collecting the data elements on control group participants. The PET also provides statistical analyses as needed. The Program Coordinator of Forensic Services, as directed by the Project Manager, is responsible for program implementation.

APPPENDIX E

MIOCRG II PROJECT DESCRIPTIONS

Alameda County is implementing Project CHANGE and the CHANGES Dual Recovery Aftercare Program, which address the identified need for discharge planning, case management, intensive short-term transition supports and aftercare services. As a part of this effort, the county will fund staffing and related services needed to ensure the early and intensive identification of inmates booked into the jail who have mental health need. The grant will fund the remaining program components, as follows:

- Enhanced in-custody services, via a contract with a private agency, including discharge planning.
- Short-term (30-60 days) intensive case management services upon release from custody.
- A transition housing program involving vouchers.
- An aftercare program for dually diagnosed clients.

Project CHANGE is operated by Telecare and provides in-custody outpatient services to severely and chronically mentally ill offenders at Santa Rita Jail. Services include: assessment, symptom and medication management, discharge planning, counseling, and case management activities. Project CHANGE receives its referrals from the Criminal Justice Mental Health services at Santa Rita Jail. To be eligible to participate, inmates must have at least two prior bookings or have spent at least 60 days in jail. They must also be residents of Alameda County, have an Axis 1 diagnosis, with an expectation of discharge to Alameda County (and not to another county).

Once in the Project CHANGE program, dually diagnosed inmates (inmates with a diagnosis of substance abuse in addition to the Axis 1 diagnosis) are randomly selected for either the CHANGES Dual Recovery Program or for the comparison group. The CHANGES aftercare program includes intensive case management services from Telecare, along the lines of the Assertive Community Treatment model. Housing, benefits assistance, medication, an on-site psychiatrist, groups and day activities are available. Different levels of treatment intensity are part of this program. The comparison group will receive after-custody short-term case management for 60 days and then be referred to existing county services such as Access.

The Alameda County Probation Department is overseeing dually diagnosed offenders in the CHANGES program. This component provides a direct link with the Court, as well as with the other after-custody components of the program and offers incentives and encouragement for participation by individuals selected for the CHANGES program. Alameda County Superior Court cooperates with the Probation Department as well as the after-custody programs. The Court has incorporated probation provisions that are designed to increase the likelihood that participation in the after-custody program will succeed.

Butte County has implemented the FOREST (Forensic Resource Team) project, wherein three multi-disciplinary teams provide integrated intensive services to eligible mentally ill offenders.

- A Jail/Intake Team provides early contact and screening, discharge planning, data collection for clients in the jail, and orientation to the FOREST program.
- A Court Team supports the new FOREST (MIOCR) Court, which is modeled after the county's Drug Court. The main purpose of the Court is to review offenders' progress toward treatment goals. Drug and alcohol testing will be included when appropriate. A clinician with forensic expertise serves as liaison between the Court and the treatment and jail teams.

- A Community Treatment Team provides enhanced intensive services, including clinical treatment, substance abuse counseling, and case management (e.g., vocational services, assistance in applying for SSI, housing, etc.). A contract with a job program provides employment training and coaching, and a local non-profit provides socialization activities. A housing/employment specialist develops community-based housing resources and places clients in educational, vocational and employment training programs to encourage stable income sources and a comfortable, safe housing situation.

Four county departments collaborate to implement the program: the Sheriff's Office, Behavioral Health, Probation, and the District Attorney. The Superior Court of Butte County and the Public Defender also participate. In addition, the county partners with a local non-profit agency to lease housing in Oroville and Chico for clients who will benefit from living in a group setting. The grant provides rental and utilities subsidies so that housing can be maintained at lower than market rents when clients cannot afford more. Emergency housing is available in local motels and shelters.

The FOREST project is serving offenders with a serious mental disorder, except those who have a history of extreme violence, serious felonies and/or parole/felony probation or who represent a potential threat to public safety due to their current offense.

Kern County is establishing the Rural Recovery Dual Diagnosis Treatment Program, which will serve the Eastern Kern County communities of California City, Ridgecrest, Mojave, Tehachapi, Rosamond and Lake Isabella. The program will consist of three phases. A key to the successful operation of the program is that case management will be consistent over all phases, with a single case manager overseeing a client's case throughout the program. The first phase will involve approximately four months of residential treatment in a 10-bed sober living environment facility (the intent is to work toward eventual licensure of the facility as a board and care). The next phase of treatment involves approximately eight months of intensive outpatient follow-up in other sober living environments. During the third phase of the program, the case manager will continue to assist clients until they are fully integrated into an ongoing treatment team. Throughout the program, service to clients will be flexible and individualized. Clients may repeat program phases as needed or as indicated by their progress.

The Rural Recovery Dual Diagnosis Treatment Program will serve males who have had at least one criminal offense (excluding violent felonies) and a diagnosis of mental illness and substance abuse. The mental illness must be serious and persistent. Clients must have been residents of Kern County for three years prior to enrollment in the program.

Los Angeles County has implemented the FORward MOMentum project for dually diagnosed, homeless, incarcerated mothers. FOR MOM is a joint project of the Los Angeles County Sheriff's Department, the Department of Mental Health and the Probation Department. The three-year project includes a jail-based integrated treatment program and an intensive case management program following release from custody. Eligible offenders are women ages 18-50 who are pregnant and/or who have minor children, have co-occurring mental health and substance abuse problems, and are homeless or at risk for homelessness.

While incarcerated at the Twin Towers Correctional Facility, candidates are screened and interviewed. Upon meeting criteria for participation in the project, they are randomly assigned to one of four treatment groups: Jail-based program, Intensive Community Case Management, a combined group which includes the jail-based and community case management, and a treatment as usual comparison group.

The Jail-based program, which requires a minimum of three weeks of participation, includes integrated psychiatric, psychological, and substance abuse evaluation and treatment; individual counseling; coping skills, anger management skills, and assertiveness skills training; symptom and medication management; parenting training; and education in crime reduction/prevention. In addition, rehabilitation approaches aimed at developing skills necessary for independent community re-entry are utilized. The Intensive Community Case Management component, which extends services after the client's release, includes assistance with transportation, employment, housing, applying for funding sources, parenting, and providing linkage and coordinated services with psychiatric, substance abuse, and mental health services in the community.

FOR MOM seeks to develop treatment and intervention approaches that will equip and empower mothers to:

- Prevent re-incarceration;
- Obtain necessary Mental Health Services in jail and in the community after release;
- Learn skills to cope with mental illness;
- Achieve and maintain sobriety from drugs and alcohol;
- Develop skills to live independently in the community; and
- Provide stable and consistent parenting.

The treatment team is multi-disciplinary and includes psychologists, mental health nurses, psychiatric social workers, substance abuse counselors, a psychiatrist, a rehabilitation counselor, community workers, deputy sheriffs, a sergeant, and a probation officer. Team members provide direct services and link program participants to services in the community. In order to coordinate services in the community, FOR MOM is establishing relationships with residential substance abuse treatment programs, outpatient mental health and medical clinics, homeless shelters, board and care facilities, and other programs that will assist in providing stable housing, substance abuse, medical and mental health treatment.

Marin County has implemented the STAR (Support and Treatment After Release) program, which involves the following components:

- In-custody assessment, treatment, and discharge planning;
- Assertive community treatment, case planning, and case management by a multi-disciplinary team;
- Community-based mental health, physical health and medication support; and
- Provision of ancillary services, including temporary housing support, dual diagnosis treatment, transportation, money management, access to entitlement and benefits, and basic needs support.

The STAR Program is serving offenders found to have a serious mental illness, including Schizophrenia, Bi-polar, Major Depressive, and Schizo-Affective disorders. As a part of this demonstration project, the county is providing training and a mental health liaison to local law enforcement agencies to improve their knowledge of mental health issues and treatment options.

Mendocino County has established the Mentally Ill Offender Therapeutic Court (MIO-TC) and Sentencing Alternative for Mentally Ill Offenders program (SA-MIO). The District Attorney determines eligibility for the MIO-TC, which is modeled after the county's Adult Drug Court. The Therapeutic Court Administrator and Management Team are providing supervision. Program

participants must have a DSM IV, Axis I diagnosis and must not be charged with a serious or violent felony (exceptions are under the purview of the District Attorney) or sexual predation.

The SA-MIO is a court supervised 24-month five-phase treatment program that includes the development and monitoring of an Individual Case Management Plan (ICMP) by an Intake Assessment and Clinical Services Team. The five program phases are: 1) Intervention (pre-contemplation); 2) Introduction to Treatment State (contemplation); Responsible Action Stage (preparation); Practice Makes Permanent Stage (maintenance); and Community Connections State (action). The ICPM addresses the individual client's goals and service needs, which may include supportive, transitional housing. The county provides motel and rental assistance vouchers to MIO-TC clients. A Post MIO-TC Support Program provides after-treatment care focused around preventing lapses/relapses through ongoing support, additional life skills training, medication management, peer mentoring, etc.

Monterey County has implemented the MCSTAR (Monterey County Supervised Treatment After Release) Program, which includes the following components:

- In-custody Assessment and Treatment Services;
- Mental Health Court;
- Forensic Assertive Community Treatment Team (with a 1:10 staff to client ratio);
- Cognitive Skill Training Program (36 two-hour sessions over the course of eight weeks);
- Supervised and Supportive Community Housing (treatment furlough beds, augmented board and care beds, supportive housing beds, single room occupancy units, and rent subsidies); and
- Individualized treatment that addresses issues of dual diagnosis, anger management, communication skills, medication education, leisure skills, stress management, and lifestyle building.

Individuals eligible for the program must have a serious mental illness (schizophrenia, bipolar or other psychotic disorders) and a history of two or more arrests. At sentencing for the qualifying arrest, offenders agree to participate in the program for up to 36 months.

San Bernardino County has established the Passages Program, which involves intensive in-custody treatment and recovery services and community-based treatment and case management services upon release. The in-custody services (3-12 months) include intensive mental health therapy, substance abuse treatment, occupational therapy, and medical support five hours a day, five days a week.

The post-custody services (9-12 months), which are provided by multi-disciplinary Regional Services Teams in four geographic areas, include comprehensive mental health treatment, medication management, drug testing, case management, probation supervision, transportation and transitional housing (up to 30 days).

San Francisco has implemented the Connections Program, which targets mentally ill offenders released from jail as part of the Sheriff Department's Supervised Misdemeanor Release Program or Supervised Pretrial Release Program. The Connections Program manages clients through their court cases; provides a stabilizing environment that includes temporary housing and case management services; assists with the acquisition of entitlements; creates work opportunities; connects the client to community-based treatment programs; and provides ongoing education to judges and community providers. Connections' multidisciplinary team also collaborates with Jail Psychiatric Services. In addition, the project's evaluation component provides regular feedback to the Connections team.

With the involvement of six community-based organizations, ongoing communication and case consultation is enhanced by a real-time computerized client information system.

Offenders eligible for participation are individuals with a serious DSM-IV diagnosis who are in jail for felonies or misdemeanors but have not yet been convicted. The program will not accept individuals who pose a safety risk to others, who have domestic violence charges, or who have current felony charges for violent crimes, weapons charges, sex crimes, or arson.

San Joaquin County is implementing the Mental Health Court Program, which involves the use of a specific Superior Court judge who is responsible for adjudicating cases of eligible participants. The Mental Health Court is using a model is which the individuals regularly appear before the judge to report their progress and are immediately summoned for an appearance before the judge if they encounter problems in their community adjustment. Following a review to determine program eligibility, the district attorney will determine if a defendant is an appropriate referral to the Mental Health Court Program, and the public defender will discuss the program with potential participants. The program is targeting non-violent offenders who have a severe mental illness that puts them at high risk of recidivism.

A key component of this demonstration project is the Assertive Community Treatment (ACTion) Team Program. In addition to case managers, the ACTion team includes a housing specialist, employment specialist and eligibility specialist. There is also a psychiatrist on staff. The ACTion team works closely with the court system and with identified offenders to support and monitor their community placement after deferred or alternative sentencing. Participants, who are referred to as ACTion Team Members, receive multidisciplinary, around-the-clock highly individualized services that include case management, substance abuse treatment/sponsorship/education, housing support, vocational training, family and parent education, financial planning and budgeting, and cultural and spiritual growth groups. Some offenders will participate in the SAFR Day Reporting Program in Stockton, which includes a significant emphasis on substance abuse treatment.

This project also includes a training component designed to help law enforcement and correctional officers as well as others recognize mental health problems in arrested individuals and use the best approaches in dealing with this population. The evaluation of this program will compare outcomes for offenders randomly assigned either to Mental Health Court and Assertive Community Treatment (enhanced services) or to the group receiving treatment options that already exist in the community.

Santa Clara County is implementing the PALS Program (Providing Assistance with Linkage to Services), which provides hands-on support, linkage and transportation to services during a critical 60-day period following the release of eligible mentally ill offenders from jail. In providing these linkages, the PALS Program is relying on a small team of licensed mental health staff and peer counselors who report directly to an Adult Custody Mental Health Services supervisor. Program participants are met by their assigned clinician immediately upon release from the jail facility and directly transported to various service providers and meetings. The enhanced treatment provided by the PALS Program include:

- access to psychotropic medication,
- establishment or re-establishment with community mental health service teams,
- referral to drug and alcohol services (including 12-step support groups),
- support for obtaining SSI and other entitlements,
- referral to ancillary services such as housing assistance and job training,

- follow-up on court dates and scheduled probation officer visits,
- establishment of accounts and payment plans with the Department of Revenue, and
- the use of peer counselors.

Participants are seriously mentally ill offenders with a psychiatric diagnosis that meets the medical necessity criteria for Medi-Cal Specialty Mental Health Services (may also have co-existing substance abuse disorders) who have been identified as eligible for release to the community.

Solano County is combining court sanctions and a comprehensive system of enhanced residential and community-based services in the Mental Health Court Project, which involves:

- A Mental Health Court that uses graduated sanctions, depending on the severity and frequency of non-compliance, to support the treatment process.
- The provision of comprehensive in-custody mental health assessments used in making recommendations for treatment or behavior management to the court and in discharge planning.
- Three Assertive Community Treatment teams that provide intensive case management, supervision and support services to clients for a period of 3-12 months.
- An expansion of the existing Forensic Assertive Community Treatment team to ensure the continuation of a high level of services to clients, as needed, for an additional 6-12 months.
- The creation of a 12-bed crisis residential program on the grounds of the Claybank Correctional Facility to offer wraparound services for up to three months to clients whose condition is so severe they cannot immediately return to the community.

Tuolumne County is implementing the CARES (Crime Abatement Rehabilitation/Recovery Enhancement Services) Program, an intensive in-jail and post-release community based program administered by a four-member Intervention Team comprised of two behavioral health clinicians, a jail classification officer, and a probation officer – all of whom will be cross-trained. The team is working with Public Defenders, the District Attorney, Judges, Behavioral Health Services, Social Services, Probation and community-based organizations in coordinating conditions of release, intensive discharge planning, and treatment options. The Intervention Team is also collaborating with an existing multi-disciplinary effort in the county, the Homeless Outreach Services Team.

All CARES participants receive, at a minimum, mental health counseling, probation surveillance, and housing, vocational and clinical assistance. The level of other services, including education, family support, financial counseling and advocacy, and life skills training, will vary depending on need.

Individuals booked into jail who have three years of history with behavioral health services and criminal justice are eligible for the program, with participation being made a condition of probation at sentencing. In addition, existing probationers who meet these criteria and are re-arrested my have their order modified to include the program. Eligible participants will have an Axis I diagnosis which meets criteria for medical necessity, and may or may not have an Axis II diagnosis.

Ventura County has established the Multi-Agency, Referral and Treatment (MART) Program, which provides special court processing, supervision, and provision of services to mentally ill misdemeanant offenders. Participant identification begins in the Ventura County Jail with a licensed social worker screening referrals from jail booking and other sources. If the assigned district

attorney, public defender and social worker agree to accept the case for MART processing, clinical jail staff proceeds with assessment and intake data collection.

The court processing component includes a judge dedicated to the MART calendar with court held once or twice a week depending on caseload and arraignment schedules. A district attorney, public defender and probation officers handle MART cases through the entire court process.
The Augmented Services Program (A.S.P.) consists of a psychiatrist, licensed mental health professionals and probation officers functioning within the context of an Assertive Community Treatment model. A.S.P. provides comprehensive psychiatric treatment combined with rehabilitation, counseling, housing, probation, vocational, alcohol/drug treatment and intensive case management services. Psychiatric/medical services include psychiatric evaluation, prescription and monitoring of psychotropic medications, a general health screening, and lab work. The one year period of intensive services will serve to stabilize the clients, develop therapeutic relationships, and identify the necessary components of a long-term strategy designed to provide services that will reduce the chance of re-offending.

The research component of the MART Program evaluates changes in criminal behavior (e.g., arrests, convictions and jail days), involuntary psychiatric hospitalizations, psychological functioning, and quality of life variables at six, twelve and eighteen month intervals for 300 participants, half of whom will be randomly assigned to the demonstration group and receive extra services and the other half of whom will be in the comparison group and receive usual services with no specialized court processing or intensive mental health services.

Yolo County has implemented Project NOVA, an assertive community treatment program that uses a multi-disciplinary team to provide intensive, individualized mental health case management and probation supervision to eligible offenders with a severe mental disorder. Persons charged with a violent crime, misdemeanor child annoyance or molestation, or an offense that makes them ineligible for probation are not eligible to participate. Persons who meet the criteria and agree to participate in the research study are randomly assigned to either the Intervention group, which receives Project NOVA services, or to the Comparison group, which receives existing services.

Whether in jail or in the community, the Project NOVA multidisciplinary team assists the participant in developing a plan that identifies treatment areas that will be targeted during the 275-day assertive treatment phase. A 90-day monitoring and maintenance phase follows. The level of acuity upon admission into the Project helps to determine the participant's treatment plan. Some participants may require both mental health and substance abuse treatment. All participants receive a comprehensive psychiatric assessment by the psychiatrist. Other treatment modalities and interventions include, but are not limited to, individual and group therapy; anger management classes; medication monitoring and education; life skills training; self-esteem groups; vocational and educational groups; recovery and relapse prevention; substance abuse testing; and social supports

Project NOVA staff members work with the participants to establish or reestablish entitlements such as SSI/SSA, General Assistance, Worker's Compensation, CalWorks, Vocational Rehabilitation and housing assistance. The objective is to ensure that the participant has a stable living arrangement and has the supports necessary for maintaining successfully in the community. When the participant successfully completes the final 90-day monitoring and maintenance phase, Project NOVA staff links the participants to appropriate community-based services available to all residents of Yolo County.